



The Commonwealth of Massachusetts

Division of Marine Fisheries

251 Causeway Street, Suite 400

Boston, Massachusetts 02114-2152

(617) 626-1520

LOBSTER TRAP ALLOCATION-2004 TRANSFER APPLICATION

Please complete the entire application and return to the above address.

TRANSFEROR (current trap allocation holder)

PLEASE TYPE OR PRINT INFORMATION CLEARLY:			<u>Vessel & Permit Information</u>	
			Vessel Name: _____	
			MS/DOC #: _____	
			NMFS Federal Lobster Permit #: _____	
			MA Lobster Permit #: _____ LMA: _____	
			MA Permit Type: <input type="checkbox"/> Coastal or <input type="checkbox"/> Offshore	
			<u>Trap Information</u>	
			Current Trap Allocation: _____	
			Amount to be transferred: _____ (must transfer in blocks of 50 or entire allocation)	
			Remaining Trap Allocation: _____	
Last Name _____ First Name _____ Initial _____				
Street _____ City/Town _____ State, Zip Code _____				
Mailing Address _____ City/Town _____ State, Zip Code _____ (If different than above)				
E-Mail Address: _____				
Telephone #: (_____) _____ - _____ Cell phone #: (_____) _____ - _____				
I, _____ agree to transfer the allocation amount of _____ traps to _____, which will lower my total allocation of traps to: _____.				
Transfers become valid upon approval of the Division of Marine Fisheries, and effective on the January 1 following the approval date. An exception to the January 1 st date will be granted by the Division during the first year of a Lobster Management Area Transfer Program.				

TRANSFeree (trap allocation transfer recipient)

PLEASE TYPE OR PRINT INFORMATION CLEARLY:			<u>Vessel & Permit Information</u>	
			Vessel Name: _____	
			MS/DOC #: _____	
			NMFS Federal Lobster Permit #: _____	
			MA Lobster Permit #: _____ LMA: _____	
			MA Permit Type: <input type="checkbox"/> Coastal or <input type="checkbox"/> Offshore	
			<u>Trap Information</u>	
			Current Trap Allocation: _____ +	
			Amount to be transferred: _____ -	
			Less 10% (conservation tax): _____ =	
			New Trap Allocation (max 800): _____.	
Last Name _____ First Name _____ Initial _____				
Street _____ City/Town _____ State, Zip Code _____				
Mailing Address _____ City/Town _____ State, Zip Code _____ (If different than above)				
E-Mail Address: _____				
Telephone #: (_____) _____ - _____ Cell phone #: (_____) _____ - _____				
I, _____ agree to accept the allocation transfer of _____ traps from _____, minus the 10% conservation tax , resulting in _____ traps transferred.				
Transfers become valid upon approval of the Division of Marine Fisheries, and effective on the January 1 following the approval date. An exception to the January 1 st date will be granted by the Division during the first year of a Lobster Management Area Transfer Program.				

Signatures of Both the Transferor and Transferee must be notarized.

Signature of Transferor

Signature of Transferee

Sworn to and subscribed before me this

Sworn to and subscribed before me this

_____ Day of _____, 20____

_____ Day of _____, 20____

Notary: _____

Notary: _____